**Instructions:**

* Complete this form electronically & save as <CS AR-PIname> (e.g., CS AR-SThomaston)
  + Use the mouse, tab, or scroll to move through this form *(page up/down arrows will not work)*

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| **For EHSO input only** | |
| **Date Submitted:** |  |

* E-mail the completed document to [csp@emory.edu](mailto:csp@emory.edu?subject=CS%20Protocol%20Renewal)
  + **To authenticate, the PI must send from his/her Emory mail account.**

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| **Section 1: Administrative Information** | | | | | | | | | | | | | | | | | | |
| Current Chemical Protocol Title: | | | | | |  | | | | | | | | | | | | |
| Current Chemical Protocol File #: | | | | | |  | | | | Associated IACUC Protocol #: | | | | | | | |  |
| Currently Approved Chemical(s): | | | | | |  | | | | Animal Species: | | | |  | | | | |
| PI name: | |  | | | | | | | | Dept: | | | |  | | | | |
| Campus address: | |  | | | | | | | | Phone #: | | | |  | | | | |
| E-mail address: | |  | | | | | | | | | | | | | | | | |
| Alternate Contact Name*:* | |  | | | | | | | | Phone #: | | | |  | | | | |
| E-mail address: | |  | | | | | | | | | | | | | | | | |
| Lab Building Name: | |  | | | | | | | | Lab Room #: | | | |  | | | | |
| Animal Housing Building: | |  | | | | | | | | AH Room #: | | | |  | | | | |
| **Section 2: Protocol Status** | | | | | | | | | | | | | | | | | | |
| Renew Protocol **without** changes. This project will continue as is.  *Complete Sections 3 & 6* | | | | | | | | | | | | | | | | | | |
| Renew Protocol **with** changes. *Complete Sections 3, 4, & 6* | | | | | | | | | | | | | | | | | | |
| Amend Protocol. *Complete Sections 3, 4, & 6* | | | | | | | | | | | | | | | | | | |
| Terminate or Transfer Protocol. *Complete Sections 5 & 6* | | | | | | | | | | | | | | | | | | |
| **Section 3: Personnel Information** | | | | | | | | | | | | | | | | | | |
| Add Personnel  **NOTE:** *List only those individuals who will handle chemicals or work with animals following chemical administration.* | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | **Student/Employee ID** | | | | | **Lab Safety Training Date**  **NOTE***: Training documentation should be located in the Lab Safety Binder and/or on Peoplesoft Self Service.* | | | | | |
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| Continuing Personnel – *complete only for a renewal* | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | **Student/Employee ID** | | | | | **Lab Safety Training Date** | | | | | |
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| Remove Personnel | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | **Student/Employee ID** | | | | | |
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| **Section 4: Protocol Changes** | | | | | | | | | | | | | | | | | | |
| **Title Changes** | | | | | | | | | | | | | | | | | | |
| Change Title(s) – *a title to an existing, approved protocol may be changed only if the research project procedure remain exactly the same* | | | | | | | | | | | | | | | | | | |
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| Add Title(s) -  *a title may be added to an existing, approved protocol only if the research project procedure remain exactly the same* | | | | | | | | | | | | | | | | | | |
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| Justification for addition: | | | | |  | | | | | | | | | | | | | |
| Describe the aims and procedures used in the new protocol title: | | | | |  | | | | | | | | | | | | | |
| Delete Title(s) – *a title may be deleted from an existing, approved protocol if the funding has ended* | | | | | | | | | | | | | | | | | | |
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| **Chemical Changes** | | | | | | | | | | | | | | | | | | |
| Add Agent(s)  Change routes of administration, dose, experiment duration, and/or days of treatment | | | | | | | | | | | | | | | | | | |
| **Chemical Name** | **Routes**  **of Administration** | | | | | | | | **Dose & Dose Frequency** | | **Experiment Duration (days)** | | | | | | **Days of Treatment** | |
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| **Other Changes** | | | | | | | | | | | | | | | | | | |
| Please describe any other changes regarding your protocol below. Examples of information to include are changes in animal species, lab location, animal housing location, etc. | | | | | | | | | | | | | | | | | | |
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| **Section 5: Terminations & Transfers** | | | | | | | | | | | | | | | | | | |
| Terminate Protocol | | | | | | | | | | | | | | | | | | |
| Reason for termination: | | | | | | |  | | | | | | | | | | | |
| Date termination should go into effect: | | | | | | |  | | | | | | | | | | | |
| Transfer Protocol to another PI at Emory | | | | | | | | | | | | | | | | | | |
| Date transfer should go into effect: | | | | | | |  | | | | | | | | | | | |
| PI name: | | | |  | | | | | | | | Dept: | | |  | | | |
| Campus address: | | | |  | | | | | | | | Phone #: | | |  | | | |
| E-mail address: | | | |  | | | | | | | | | | | | | | |
| Alternate Contact Name*:* | | | |  | | | | | | | | Phone #: | | |  | | | |
| E-mail address: | | | |  | | | | | | | | | | | | | | |
| Lab Building Name: | | | |  | | | | | | | | Lab Room #: | | | |  | | |
| **Section 6: Acknowledgement & Signature** | | | | | | | | | | | | | | | |
| I have read and am familiar with the Chemical Hygiene Plan, applicable Material Safety Data Sheets, safety practices, containment equipment, and laboratory facilities recommendations for the chemicals used in this project. I understand that EHSO approval is contingent upon all personnel having completed annual Lab Safety Training. I also understand that all personnel listed on this protocol may be required to attend additional training upon review of this Chemical Safety Protocol Amendment / Renewal.  I agree to ensure that all faculty, staff, and students working on this project will follow all safety recommendations as a condition of the EHSO approval of this project. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | |
| *Principal Investigator* | | | | | | | | | | | | | *Date* | | |

* *Save the form as <CS Renew-PI name>*
* *Submit electronically to* [*csp@emory.edu*](mailto:csp@emory.edu?subject=CS%20Protocol%20Renewal)